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TRANSMITTAL LETTER

Amendment Section Division of Corporations TO:

SUBJECT:	Spectrum Healing Asso			
	T NUMBER:	(Name	e of Corpor	ation)
The enclosed	Officer/Director Resignation	on for a C	Corporation	and fee are submitted for filing.
Please return	all correspondence concern	ning this r	natter to th	e following:
Andrew E	Roman			
***************************************	(Name of Person)			
Spectrum H	lealing Associates, P.A.			
	(Name of Firm/Compan	1y)		
224 Colony	Way West			
	(Address)			·
Jupiter, Flor	ida 33458			
	(City/State and Zip Cod	le)	····	·
For further in	formation concerning this n	matter, ple	ease call:	
Andrew 😂	Roman	ļ	561	3104587
	(Name of Person)	at (_	(Area Code	3104587 & Daytime Telephone Number)
Enclosed is a	check for \$35.00 made pay	able to th	ie Florida I	Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Lynne S. Bernay-Roman ((aka Lynne Bernzy)	Vice-President/ Director
***************************************	, nereby resig	(Title)
Spectrum Healing Associated	•	•
(N	ame of Corporation)	
S76976		ed under the laws of the State of
(Document Number, if known)	•	
Florida		
, , , , , , , , , , , , , , , , , , ,	*	
	•	
Lux	(Signature of resigning officer	Roman
 0	(Signature of resigning officer,	/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314